

FEC FORM 2
STATEMENT OF CANDIDACY

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FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION
2017 MAR -1 AM 9:20

1. (a) Name of Candidate (in full) <u>Dr. Ann Marie Adams</u>		2. FEC Candidate Identification Number
(b) Address (number and street) <u>239 Old Farms Road #15B</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>Avon, CT 06001</u>		
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>U.S. Senate</u>	6. State & District of Candidate <u>CT 5th Congressional District</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Dr. Ann Marie Adams for U.S. Senate</u>
(b) Address (number and street) <u>239 Old Farms Road 15B</u>
(c) City, State, and ZIP Code <u>Avon, CT 06001</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) <u>The Committee to Elect Dr. Ann Marie Adams to Congress</u>
(b) Address (number and street) <u>15 Lewis Street, Suite 302</u>
(c) City, State, and ZIP Code <u>Hartford, CT 06106</u>

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <u>2-2-2017</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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